

**FOR COUNTY USE ONLY**

E	New	Vendor Code			Dept.	Contract Number		
M	Change				SC	A		
X	Cancel							
County Department					Dept.	Orgn.	Contractor's License No.	
San Bernardino Int'l Airport Authority								
County Department Contract Representative					Phone #		Amount of Contract	
Penny Chua					382-4100, x243		\$27,144.00	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB Number		Termination Date	
NKL	ACT	410	100	1010	BRAVO			
Commodity Code			Estimated Payment Total by Fiscal Year					
			FY	Amount	I/D	FY	Amount	I/D
Project Name								

County of San Bernardino

F A S**CONTRACT TRANSMITTAL**CONTRACTOR Karen BravoBirth Date On FILE Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address ON FILE Phone _____Nature of Contract: *(Briefly describe the general terms of the contract)*

Employment Contract between the County of San Bernardino and the San Bernardino International Airport Authority and Ms. Karen Bravo.

THIS IS NOT A CONTRACT

THIS IS A COVER

TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form

Reviewed as to Contract Compliance

Reviewed for Processing



County Counsel

Date



Date



Agency Administrator/CAO

Date